

FILED JAN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43300

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6116 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blodgett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blodgett 1/2 mile South	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXX R#2 Sikeston, Mo		d. STREET ADDRESS (If rural, give location) R#2 Sikeston, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Harvey	b. (Middle) Newt	c. (Last) Hobbs	4. DATE OF DEATH (Month) (Day) (Year) December 30, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 9, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Retired farmer	11. BIRTHPLACE (State or foreign country) Carlisle, Kentucky /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Mat Hobbs	13b. MOTHER'S MAIDEN NAME Susanne Huey	14. NAME OF HUSBAND OR WIFE Mrs Martha Hobbs
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Martha Hobbs, R#2, Sikeston, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Hypertensive Heart Disease DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1950, to Dec. 30, 1950, that I last saw the deceased alive on Dec. 29, 1950, and that death occurred at 8 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. P. Brogan	23b. ADDRESS D. O. Benton, Mo	23c. DATE SIGNED 12/31/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/31/50	24c. NAME OF CEMETERY OR CREMATORY Morley Cemetery	24d. LOCATION (City, town, or county) (State) Morley, Missouri
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DATE REC'D BY LOCAL REG. Jan. 6 '51	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS THE NUNNLEE FUNERAL CHAPEL, Charleston, Mo <i>By John Nunnlee</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 8 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 151-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John F. Hummel Jr.....

Licensed Embalmer No. 3851.....

P. O. Address Charleston, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.